Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Preventive care and screening: percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

Source(s)

Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Preventive care and screening performance measurement set. Chicago (IL): American Medical Association (AMA); 2016 Apr. 39 p. [50 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

Rationale

This measure is intended to promote adult tobacco screening and tobacco cessation interventions for those who use tobacco products. There is good evidence that tobacco screening and brief cessation intervention (including counseling and/or pharmacotherapy) is successful in helping tobacco users quit. Tobacco users who are able to stop smoking lower their risk for heart disease, lung disease, and stroke.

The following evidence statements are quoted verbatim from the referenced clinical guidelines:

The U.S. Preventive Services Task Force (USPSTF) (2015) recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.

The USPSTF (2015) recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.

The USPSTF concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems for tobacco cessation in adults, including pregnant women. The USPSTF (2015) recommends that clinicians direct patients who smoke tobacco to other cessation interventions with established effectiveness and safety (previously stated).

Evidence for Rationale

Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Preventive care and screening performance measurement set. Chicago (IL): American Medical Association (AMA); 2016 Apr. 39 p. [50 references]

U.S. Preventive Services Task Force. Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2015 Oct 20;163(8):622-34. [47 references] PubMed

Primary Health Components

Tobacco use; screening; cessation counseling intervention

Denominator Description

All patients aged 18 years and older who were seen twice for any visit or who had at least one preventive care visit during the two year measurement period (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Importance of Topic

Incidence, Prevalence, & Cost

In 2006, approximately 20.8% (45.3 million) U.S. adults were current smokers (Centers for Disease Control and Prevention [CDC], 2007). There has not been a significant change in this prevalence since 2004 (CDC, "Cigarette smoking," 2005).

During 1997 to 2001, approximately 438,000 premature deaths each year are attributed to smoking or exposure to second hand smoke (CDC, "Annual," 2005).

The 2006 National Survey on Drug Use and Health (NSDUH) found that approximately 72.9 million (29.6%) Americans age 12 years and older were current users of tobacco (Substance Abuse and Mental Health Services Administration [SAMHSA], 2007). A breakdown by type of tobacco is as follows:

- 61.6 million persons (25.0%) were current cigarette smokers
- 13.7 million persons (5.6%) smoked cigars
- 8.2 million persons (3.3%) use smokeless tobacco
- 2.3 million (0.9%) smoked tobacco in a pipe

Smoking attributable health care expenditures in 1998 were estimated to be $75.5 billion (CDC, 2004). This, plus the estimated productivity losses of $92 billion from 1997 to 2001 combine for a total of over $167 billion per year.

Opportunity for Improvement/Gap or Variation in Care

It has been reported that overall, adults receive approximately half of all recommended medical care (McGlynn et al., 2003; Asch et al., 2006).

From 1998 to 2000 ("Technical appendix," 2006):

- 43% of patients had smoking status documented at least once
- 61% of patients that were documented smokers had their smoking status indicated on more than 50% of office visits
- 12% of patients identified as smokers had documentation that advice to quit smoking was given at least once during the year

Evidence for Additional Information Supporting Need for the Measure

Asch SM, Kerr EA, Keesey J, Adams JL, Setodji CM, Malik S, McGlynn EA. Who is at greatest risk for receiving poor-quality health care. N Engl J Med. 2006;354(11):1147-56. [32 references] PubMed

Centers for Disease Control and Prevention (CDC). Annual smoking-attributable mortality, years of potential life lost, and productivity losses--United States, 1997-2001. MMWR Morb Mortal Wkly Rep. 2005 Jul 1;54(25):625-8. PubMed

Centers for Disease Control and Prevention (CDC). Cigarette smoking among adults--United States, 2004. MMWR Morb Mortal Wkly Rep. 2005 Nov 11;54(44):1121-4. PubMed

Centers for Disease Control and Prevention (CDC). Cigarette smoking among adults--United States, 2006. MMWR Morb Mortal Wkly Rep. 2007 Nov 9;56(44):1157-61. PubMed

Centers for Disease Control and Prevention. Smoking attributable mortality, morbidity, and economic costs (SAMMEC): adult and maternal child health software. Atlanta (GA): US Department of Health and Human Services, CDC; 2004.

McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. The quality of health care delivered to adults in the United States. N Engl J Med. 2003 Jun 26;348(26):2635-45. PubMed

Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Preventive care and screening performance measurement set. Chicago (IL): American Medical Association (AMA); 2016 Apr. 39 p. [50 references]

Substance Abuse and Mental Health Services Administration (SAMHSA). Results from the 2006 National Survey on Drug Use and Health: national findings [Office of Applied Studies, NSDUH Series H-32, DHHS Publication No. SMA 07-4293]. Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA); 2007. 282 p.

Technical appendix to Asch SM, Kerr EA, Keesey J, Adams JL, Setodji CM, Malik S, McGlynn EA. Who is at greatest risk for receiving poor-quality health care. N Engl J Med. 2006;354(11):1147-56.

Extent of Measure Testing

The American Medical Association (AMA)-convened Physician Consortium for Performance Improvement (PCPI) collaborated on a testing project in 2011 to ensure the *Tobacco Use: Screening and Cessation Intervention* measure was reliable and evaluated for accuracy of the measure numerator, denominator and exceptions case identification. The testing project was conducted utilizing electronic health record data. Signal-to-noise reliability was tested. Multiple sites participated in the parallel forms testing of the measure and comprised of a network of community health centers across the United States. Members in the network largely consisted of safety net organizations serving primarily low income and uninsured patients.

Measures Tested

Tobacco Use: Screening and Cessation Intervention

Reliability Testing

The purpose of reliability testing was to evaluate whether the measure definitions and specifications, as prepared by the PCPI, yield stable, consistent measures. Data abstracted from electronic health records were used to perform signal-to-noise reliability for the measures.

Reliability Testing Results

Signal-to-Noise Reliability Testing

Electronic Health Record

For this measure, the reliability at the minimum level of quality reporting events (10) was 0.46. The average number of quality reporting events for physicians included is 76.1. The reliability at the average number of quality reporting events was 0.86.

This measure has stable reliability when evaluated at the minimum level of quality reporting events and high reliability at the average number of quality events.

Evidence for Extent of Measure Testing

Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Preventive care and screening performance measurement set. Chicago (IL): American Medical Association (AMA); 2016 Apr. 39 p. [50 references]

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities
Person- and Family-centered Care
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

The two year measurement period

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
All patients aged 18 years and older who were seen twice for any visit or who had at least one preventive care visit during the two year measurement period

Note: Refer to the original measure documentation for administrative codes.

Exclusions
None

Exceptions
Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reasons)

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Patients who were screened for tobacco use* at least once within 24 months AND who received tobacco cessation intervention** if identified as a tobacco user

Note: Refer to the original measure documentation for administrative codes.

*Tobacco use includes use of any type of tobacco

**Tobacco cessation intervention includes brief counseling (3 minutes or less), and/or pharmacotherapy

Exclusions
None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

None

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #1: tobacco use: screening and cessation intervention.

Measure Collection Name

AMA/PCPI Preventive Care and Screening Performance Measurement Set

Submitter

American Medical Association - Medical Specialty Society

Developer

Physician Consortium for Performance ImprovementÂ® - Clinical Specialty Collaboration

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Preventive Care and Screening Measure Development Work Group

Work Group Members*

Martin C. Mahoney, MD, PhD (*Co-Chair*) (family medicine)
Stephen D. Persell, MD, MPH (*Co-Chair*) (internal medicine)
Gail M. Amundson, MD, FACP (internal medicine/geriatrics)
Joel V. Brill MD, AGAF, FASGE, FACG (gastroenterology)
Steven B. Clauser, PhD
Will Evans, DC, PhD, CHES (chiropractic)
Ellen Giarelli, EdD, RN, CRNP (nurse practitioner)
Amy L. Halverson, MD, FACS (colon & rectal surgery)
Charles M. Helms, MD, PhD (infectious disease)
Kay Jewell, MD, ABHM (internal medicine/geriatrics)
Daniel Kivlahan, PhD (psychology)
Paul Knechtges, MD (radiology)
George M. Lange, MD, FACP (internal medicine/geriatrics)
Trudy Mallinson, PhD, OTR/L/NZROT (occupational therapy)

Jacqueline W. Miller, MD, FACS (general surgery)
Adrienne Mims, MD, MPH (geriatric medicine)
G. Timothy Petito, OD, FAAO (optometry)
Rita F. Redberg, MD, MSc, FACC (cardiology)
Barbara Resnick, PhD, CRNP (nurse practitioner)
Sam JW Romeo, MD, MBA
Carol Saffold, MD (obstetrics & gynecology)
Robert A. Schmidt, MD (radiology)
Samina Shahabbudin, MD (emergency medicine)
Melanie Shahriary RN, BSN (cardiology)
James K. Sheffield, MD (health plan representative)
Arthur D. Snow, MD, CMD (family medicine/geriatrics)
Richard J. Snow, DO, MPH
Brooke Steele, MD
Brian Svazas, MD, MPH, FACOEM, FACPM (preventive medicine)
David J. Weber, MD, MPH (infectious disease)
Deanna R. Willis, MD, MBA, FAAFP (family medicine)
Charles M. Yarborough, III, MD, MPH (occupational medicine)

Work Group Staff

American Medical Association

Kerri Fei, MSN, RN
Kendra Hanley, MS
Karen Kmetik, PhD
Liana Lianov, MD, MPH
Kimberly Smuk, BS, RHIA
Litjen Tan, MS, PhD
Samantha Tierney, MPH
Richard Yoast, PhD

PCPI Consultants

Rebecca Kresowik
Timothy Kresowik, MD

*The composition and affiliations of the work group members are listed as originally convened in 2007 and are not up-to-date.

Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2016 Apr 4

Core Quality Measures

Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care

Cardiology

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Apr

Measure Maintenance

Coding/specifications updates occur annually. The Physician Consortium for Performance Improvement (PCPI) has a formal measurement review process that stipulates regular (usually on a three-year cycle, when feasible) review of the measures. The process can also be activated if there is a major change in scientific evidence, results from testing or other issues are noted that materially affect the integrity of the measure.

Date of Next Anticipated Revision

2017 Apr

Measure Status

This is the current release of the measure.

This measure updates a previous version: Physician Consortium for Performance Improvement® (PCPI). Preventive care & screening physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 34 p. [8 references]

Measure Availability

Source available from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site .

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC Status

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the

measure developer on September 13, 2004.

This NQMC summary was updated by ECRI on September 28, 2005. The information was verified by the measure developer on November 8, 2005.

This NQMC summary was updated by ECRI Institute on February 13, 2009. The information was verified by the measure developer on March 25, 2009.

This NQMC summary was retrofitted into the new template on June 9, 2011.

This NQMC summary was updated again by ECRI Institute on June 8, 2016. The information was verified by the measure developer on June 30, 2016.

Copyright Statement

Production

Source(s)

Physician Consortium for Performance ImprovementÂ® (PCPIÂ®). Preventive care and screening performance measurement set. Chicago (IL): American Medical Association (AMA); 2016 Apr. 39 p. [50 references]

Disclaimer

NQMC Disclaimer